

APRU Global Health Conference 2021  
**GLOBAL URBAN HEALTH**

16-18 November 2021  
The University of Hong Kong, Pokfulam, Hong Kong

Abstract No.	Abstract Title
145	<b>The Effect of a New Tax Incentive Policy on the Uptake of Voluntary Individual Private Health Insurance: A Systematic Review of Studies with Pre-Post Analysis</b>
Theme	D. Health systems & governance
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**Purpose / Background:**

Many countries in Pacific Rim have a sizable private healthcare sector in urban areas. To reduce the burden on the public sector, tax incentives (TI) have been offered for purchasing voluntary individual private health insurance (VIPHI) in many countries. However, it appears that the effect of launching a new TI policy on VPHI uptake has not been clearly established. There is no empirical guidance for policy makers on the magnitude of TI needed to achieve their policy objectives, considering particularities of a healthcare ecosystem. This review examines the status of this discussion.

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**Methods:**

PubMed, CNKI (China), CiNii (Japan), KISS (Korea) and Latin American Repository Network were searched for studies about the effect of a new TI policy on its target population's uptake of VIPHI. We included studies using pre-post analyses with proper control groups. We extracted these explanatory variables from included studies if available: demographics, eligibility for public insurance or universal healthcare, types of TI-eligible plans, public sector's market share, and TI as a percentage of average income, income tax and insurance premium. Response variables are the absolute and relative increases in VIPHI uptake. Regression analysis was planned if sufficient studies were retrieved.

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### **Results & Conclusions:**

291 studies were screened, and two met the inclusion criteria. A US study evaluated an TI in 1991 for low-income citizens eligible for Medicaid, to purchase any commercial plan. TI as 2% of average income or 26% of premium led to 3.6% absolute or 11% relative increase in VIPHI. A study from China found a TI in 2016 for residents (covered by public insurance) in pilot cities significantly increased VIPHI uptake, although the actual numbers were not reported. Due to the small number of studies, regression analysis was not conducted.

High-quality studies on the effect of TI are urgently needed to inform policy making in each distinctive healthcare ecosystem, as TI is criticized for being not self-financing and detrimental to equality.